REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: CA0349400 Type of Application: License, Certification, Permit							
Job Title or Type of License, Certification or Permit: Check Cashers Permit							
Agency Address Set Contributing Agency:							
Department of Justice Agency authorized to receive criminal history information		05466 Mail Code (five digit code assigned by DOJ)					
P.O. BOX 903387		CCP					
Street No. Street or P.O. Box		Contact Name (Mandatory for all school submissions)					
			(916) 227-3250 Contact Telephone No.				
Name of Applicant:	First			MI			
Alias:		Driver's L	icense l	No.			
Last First	t	-					
Date of Birth: Sex: Ma	le Female	Misc. No.	BIL	N/A Agency Billing Number (if applicable)			
		Misc. No:					
Eye Color: Hair Color:		Home Addre	ess:	Street or P.O. Box			
Place of Birth:							
		-	-	City, State and Zip Code			
SOC:		<u> </u>					
Your Number: OCA No. (Agency Identifying No.))	Level of Ser	vice	X DOJ FBI			
If resubmission, list Original ATI No.							
Employer: (Additional response for agencies specifie	ed by statute)						
Employer Name							
Street No. Street or P.O. Box			Mail C	Code (five digit code assigned by DOJ)			
2.1)				
City State	Zip Code		Ageno	cy Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:							
Transmitting Agency	ATI No.			Amount Collected/Billed			
Transmitting Agency	ATTINO.			Amount Collected/Dilled			

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	.1011						
P.O. BOX 903387 Street No. Street or P.O. Box		CCP Contact Name (Mandatory for all school submissions)					
Sacramento CA 94203-3	3870 o Code	(916) 227-3250 Contact Telephone No.					
City State Zip	Code	COntra	act relepin	one No.			
Name of Applicant: (please print) Last	First			MI			
(piease piliti) Last	1 1130			IVII			
Alias: Last Fire		Driver's L	₋icense N	No			
Last Fire	st						
Date of Birth: Sex: M	ale Female	Misc. No	. BIL	N/A Agency Billing Number (if applicable)			
				Agency Billing Number (if applicable)			
Height: Weight:		Misc. No	:				
Fire Colors		Llama Addr					
Eye Color: Hair Color: _		Home Addre	ess:	Street or P.O. Box			
Place of Birth:		,		City, State and Zip Code			
SOC:			~	nty, state and zip sode			
Your Number:		Level of Se	rvice	X DOJ FBI			
OCA No. (Agency Identifying No.	o.)						
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Employer: (Additional response for agencies specif	fied by statute)						
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Employer Name							
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Street No. Street or P.O. Box			Maii C	ode (five digit code assigned by DOJ)			
)				
City State	Zip Code		Agenc	y Telephone No. (optional)			
Live Scan Transaction Completed By:				Date:			
Name of Operator							
Transmitting Agency	ATI No.			Amount Collected/Billed			
Transmitting Agency	ATTINO.			Amount Collected/Dilled			

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Sacramento CA 94203-3870		(916) 227-3250					
City State Zip C		Cont	act Teleph	none No.			
Name of Applicant:							
(please print) Last	First			MI			
Alias:		Driver's I	icense	No			
Last First							
Date of Birth: Sex: Mal	e Female	Misc. No	.BIL-	N/A Agency Billing Number (if applicable)			
Height: Weight:		Misc. No	:				
Eve Color: Hair Color:		Home Addr	966.				
Eye Color: Hair Color:		- Home Addis		Street or P.O. Box			
Place of Birth:							
				City, State and Zip Code			
SOC:		<u>-</u>					
Your Number:		Level of Se	nvico	▼ DOJ FBI			
OCA No. (Agency Identifying No.)		Level Of Se	I VICE	X DOJ FBI			
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		()				
City State	Zip Code		Agend	cy Telephone No. (optional)			
Live Scan Transaction Completed By: Name of Operator Date:							
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Transmitting Agency	ATI No.			Amount Collected/Billed			